



Part 2 – Diagnosis of intellectual impairment

This part must be filled out by a physician, a psychologist, a psychiatrist or a professional from an intellectual impairment rehabilitation centre.

The information provided is confidential and for the sole use of the eligibility committee.

PLEASE PRINT

Identification of person

Family Name	Given name
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1. Medical diagnosis or problem : _____

2. Details concerning the extent of the impairment : _____

3. Does the person's impairment limit his mobility ?

Yes No

Explain : _____

4. Examination performed by

Name _____

Function _____

	Year	Month	Day		Year	Month	Day
Date of examination	_____	/	_____	/	_____	/	_____
				Form filled out on			

Signature _____ Telephone no. _____

Note : The content of this form is prescribed by the Ministère des Transports du Québec